Marine Employees' Commission					
Board/Commission Name (B/C)		2. Name B/C reported under in 2001 or Unchanged			
Same		1983 3	22		
3. Agency to which B/C reports		B/C was 5. Number of blished members	6. Number of meetings last biennium		
the operation of the Washington State Ferry soft charges of unfair labor practices. It determines	nsible for adjudicating co ystem. The Commission nes and certifies fair repi	mplaints, grievances, and disputes between labor and provides for impasse mediation, selection of impartia resentation organizations. It conducts fact-finding and arbitration orders exceed statutory limitations and	d management arising out of al arbitrators and investigation d provides a biennial salary		
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Sources of Funds  1) Enter fund sources, e.g., G.F. State, State E Account, etc.  2) "A" if appropriated or "N" if non-appropriate	Building Code		
2001-2003 Biennium Actual	\$325,831	Puget Sound Ferry Operations Account-TF State "A"	u		
2003-2005 Biennium Estimate	\$354,000	Puget Sound Ferry Operations Account-TF State "A"			
Expected consequences if Board/Commissionagency (specify), or c) were dropped.	l n were abolished and resp	ponsibilities: a) were assigned to existing/additional state	ff, b) were transferred to another		
a) Not possible b) Transfer to PERC would risk a lack of or much lengthened responsiveness to unique of the Washington State Ferries.  maritime environment issues. These concerns led to MEC's reestablishment in 1983.					
10. Legal authorization: State Constitution Artic	le, RCW, WAC or EO	11. Legal Authorization is:			
Chapter 47.64 RCW		Specific ☐ General			
12. Appointing Authority: Governor		13. Is Senate confirmation required	d?		
		⊠ Yes □ No			
14. Does Board/Commission have subpoena po	wers?	15. Board/Commission member co	ompensation class		
⊠ Yes □ No		one two three fou	ır		
16. Required Representation:					
One member appointed from labor. One meml	per appointed from indus	try. One member from public who has significant know	wledge of maritime matters.		
17. Federal or other mandates:  None		18. Other existing organizations sta satisfy the mandates listed in N/A			
19. Certification: <i>I hereby certify via electronic su</i>	bmittal that the above infor	rmation is complete and correct to the best of my knowled	dge.		
Kathy J. Marshall, Administrator	7/23/03	Suite 104, Evergreen Plaza Bldg, PO Box 40902, Olympia WA 98504-0902	360-586-6354		
Name and Title	Data	Address	Phone		

Marysville Community Citizens Viola	ition Board					
1. Board/Commission Name (B/C)	2. Name E	2. Name B/C reported under in 2001 or Unchanged ⊠				
Department of Corrections		1996	4	0		
3. Agency to which B/C reports	4. Ye es	ear B/C was stablished	5. Number of members	f 6. Number of meetings last biennium		
7. Summary: Primary Responsibilities: This Board was established to assist the Depar those offenders.	tment in reviewing off	fenders who have viol	ated sentence condition	ns and to negotiate agreements with		
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Accoun	und sources, e.g., G.F	es of Funds . State, State Building Code on-appropriated		
2001-2003 Biennium Actual	-0-					
2003-2005 Biennium Estimate	-0-					
9. Expected consequences if Board/Commistransferred to another agency (specify), or commissions.	) were dropped.	 d and responsibilitie				
a)	b)		с)	This Board has accomplished its goal ar is no longer functioning and dormant at time.		
10. Legal authorization: State Constitution A	Article, RCW, WAC o	or EO	11. Legal Authorizati	on is:		
RCW 77.09.050 (Secretary's Authority)			☐ Specific ⊠ Gener	ral		
12. Appointing Authority: Secretary, Departm	nent of Corrections		13. Is Senate confirm	nation required?		
			☐ Yes ⊠ No			
14. Does Board/Commission have subpoend	a powers?		15. Board/Commission	on member compensation class		
☐ Yes ☒ No			⊠ one □ two □ t	hree  four		
16. Required Representation:						
Geographic, city/town government, private citize	ens and community le	eaders.				
17. Federal or other mandates:			18. Other existing org	janizations state, local or private, whic mandates listed in number 17:		
None			None			
19. Certification:						
I hereby certify via electronic	submittal that the ab	ove information is co	omplete and correct to	the best of my knowledge.		
Patria N. Robinson-Martin	07/00/000	Post Office Box 4		0/0 750 000		
Chief of Staff  Name and Title	07/23/2003 <b>Dat</b> e	Olympia, Washing Address	gion 98504-1101	360-753-0890 <b>Phon</b> e		

Board of Massage					
1. Board/Commission Name (B/C) 2. Name			C reported under in 2001 or	Unchanged 🛚	
Washington State Department of Health		1975	5	8	
3. Agency to which B/C reports	4. Year B/ establis	C was shed	5. Number of members	6. Number of meetings last biennium	
7. Summary: Primary Responsibilities: Approve and designate massage educational pexamination; determine which states have educational of the Secretary of the Department of	cational and examination lic	ation will be accep ensing requirment	ted as proof of an applicant's ts equivalent to Washington's	eligibility to take the licensing and adopt rules subject to the	
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	3) Enter fun Account,	Sources of Fund sources, e.g., G.F. State, etc.		
		2) "A" if app	ropriated or "N" if non-app	ropriated	
2001-2003 Biennium Actual	\$32,000	1) Health Profe 2) A	ssions Account		
2003-2005 Biennium Estimate	\$32,000	•	ssions Account		
9. Expected consequences if Board/Committransferred to another agency (specify), or of		responsibilities:	a) were assigned to existing	ng/additional staff, b) were	
a) The impact of losing committee direct technical input and cooperative working relationships with staff would be increased staff time at the expense of other priority areas, need to pay for technical expertise not available on staff, increased time to reach decisions, more time required of stakeholders for their participation, and the possibility that rural and less represented areas may lose their voice in agency decisions.		wledge and expert		would need to find technical advice ere.	
10. Legal authorization: State Constitution	Article, RCW, WAC or EO	11	I. Legal Authorization is:		
Chapter 18.108 RCW			Specific      ☐ General		
12. Appointing Authority: Secretary, Departr	ment of Health	13 [	<ul><li>13. Is Senate confirmation required?</li><li>☐ Yes ☒ No</li></ul>		
14. Does Board/Commission have subpoen ☐ Yes ☒ No	a powers?		5. Board/Commission mem one two three		
16. Required Representation:					
Four licensed massage practitioners and one p  17. Federal or other mandates:  None	ublic member.	18	. Other existing organization could satisfy the mandat None	ons state, local or private, which tes listed in number 17:	
19. Certification: <i>I hereby certify via electron</i>	nic submittal that the above	e information is co	omplete and correct to the b	est of my knowledge.	
Rob Darling, Program Manager	7/10/03 PC	O Box 47867, Olyr	mpia, WA 98504-7867	360-236-4868	
Name and Title		ddress	•	Phone	

McNeil Island Correction Center Cor Council	mmunity Advisory						
1. Board/Commission Name (B/C)		2. Name E	2. Name B/C reported under in 2001 or Unchanged ⊠				
Department of Corrections		1996	14	8			
3. Agency to which B/C reports		r B/C was ablished	5. Number of members	6. Number of meetings last biennium			
7. Summary: Primary Responsibilities: The mission of McNeil Island Corrections Cent partnerships.	er Community Advisory	Council is to create	healthy families and pro	ductive citizens through community			
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Accoun	und sources, e.g., G.F.	s of Funds State, State Building Code on-appropriated			
2001-2003 Biennium Actual	-0-						
2003-2005 Biennium Estimate	-0-						
9. Expected consequences if Board/Commi transferred to another agency (specify), or o		and responsibilitie	es: a) were assigned to	existing/additional staff, b) were			
a) No similar resources available	b) No similar res	sources available		Facility would lose contact and coordination with the community			
10. Legal authorization: State Constitution	Article, RCW, WAC or	EO	11. Legal Authorizatio	n is:			
RCW 72.09.050 (Secretary's Authority)			☐ Specific ☐ Genera	al			
12. Appointing Authority: Secretary, Departr	ment of Corrections		13. Is Senate confirma	ation required?			
			☐ Yes ⊠ No				
14. Does Board/Commission have subpoen	a powers?		15. Board/Commissio	n member compensation class			
☐ Yes ☒ No			⊠ one ☐ two ☐ th	ree 🗌 four			
16. Required Representation:							
Geographic, city/town government, private citiz	ens and community lead	ders.					
17. Federal or other mandates: None.		,	18. Other existing orga could satisfy the None.	anizations state, local or private, which mandates listed in number 17:			
19. Certification:							
I hereby certify via electronic	submittal that the above	ve information is co	omplete and correct to t	the best of my knowledge.			
Patria N. Robinson-Martin Chief of Staff	07/23/03	Post Office Box 4		360-753-0896			
Name and Title	Date	Address	,	Phone			

McNeil Island SCTF Operational Ac	This board of	This board did not exist prior to 2002.				
1. Board/Commission Name (B/C)		2. Name B/	2. Name B/C reported under in 2001 or Unchanged			
Department of Social and Health Services		2002	10+	8		
3. Agency to which B/C reports		/ear B/C was established	5. Number of members	6. Number of meetings last biennium		
7. Summary: Primary Responsibilities: Reviews and makes recommendations conce modifications relating to any person whom the				conditions or necessary		
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Account	Sources of Fund sources, e.g., G.F. State, c, etc. propriated or "N" if non-appi	State Building Code		
2001-2003 Biennium Actual	-0-	, , , , , ,	1.	•		
2003-2005 Biennium Estimate	-0-					
Expected consequences if Board/Comr transferred to another agency (specify), or		ed and responsibilities	s: a) were assigned to existir	ng/additional staff, b) were		
a) See 9c	<b>b)</b> See 9c		authoriz commu secure particula on the s SCTF.	an advisory board specifically ted by the legislature to involve inities affected by the siting of a community transition facility in a par community. This board advises security and operations of the lf abolished, it will hinder inity relations.		
10. Legal authorization: State Constitution	n Article, RCW, WAC	or EO 1	1. Legal Authorization is:			
RCW 71.09.320			⊠ Specific ☐ General			
12. Appointing Authority: Secretary of DSH	HS	1	3. Is Senate confirmation re	quired?		
		]	☐ Yes ⊠ No			
14. Does Board/Commission have subpoo	ena powers?	1	5. Board/Commission mem	ber compensation class		
☐ Yes ☒ No			⊠ one ☐ two ☐ three ☐	] four		
16. Required Representation:						
Representatives from local jurisdictions and s	chool districts, citizen:	s and service providers f	from the impacted communities	s where the SCTF is sited.		
17. Federal or other mandates:  None		1:	Other existing organization     could satisfy the mandate     None	ons state, local or private, which les listed in number 17:		
19. Certification: I hereby certify via electro	onic submittal that the	e above information is o	complete and correct to the be	est of my knowledge.		
Allen Ziegler, Community Programs Mgr Name and Title	7/18/03 <b>Dat</b> e	PO Box 45322, Oly Address	ympia, WA 98504-5322	360-902-8258 <b>Phon</b> e		

State Medal of Merit Committee				
Board/Commission Name (B/C)			3/C reported under in 2001	or Unchanged 🗵
Governor		1986	5	2
3. Agency to which B/C reports	4. Year B/C establish		5. Number of members	6. Number of meetings last biennium
7. Summary: Primary Responsibilities: Solicit, review, and nominate candidates for the Senate to make presentation of the award. Add the appurtenances necessary for the implement	opt rules establishing qua	alificatins for the St	ate Medal of Merit, the proto	cal governing the decoration and
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Accoun	•	te, State Building Code
2001-2003 Biennium Actual		2) "A" if ap	propriated or "N" if non-a	ppropriated
2001-2003 Diefililum Actual	100	A		
2003-2005 Biennium Estimate	100	GF - State		
Expected consequences if Board/Commi transferred to another agency (specify), or committee to the second control of the second	ssion were abolished a		s: a) were assigned to exis	sting/additional staff, b) were
a) Nomination process would lose stature of involvement of the top officials in all three branches of state government.		of the committee co by one of the three I	oranches of Gove	e Committee were disbanded and the ernor's office selected recipients, the equences would be the same as in (a).
10. Legal authorization: State Constitution A	Article, RCW, WAC or E	<u> </u>	11. Legal Authorization is	:
CH 1.40 RCW			Specific General	
12. Appointing Authority: Specified in Statute	е		13. Is Senate confirmation	required?
			☐ Yes ⊠ No	
14. Does Board/Commission have subpoen	a powers?		15. Board/Commission me	ember compensation class
☐ Yes ☒ No			one two three	☐ four
16. Required Representation:				
Governor, President of the Senate, Speaker of	the House of Representa	atives, Chief Justice	e of the Supreme Court, and	Secretary of State.
17. Federal or other mandates:  None		1	18. Other existing organization could satisfy the man None	ations state, local or private, which dates listed in number 17:
19. Certification: <i>I hereby certify via electron</i>	nic submittal that the abo	ove information is	complete and correct to the	e best of my knowledge.
Patrick J. McDonald Asst. to the Secretary of State	September 4, 2003	P.O. Box 40224, 0	Olympia, WA 98504	360-902-4148
Name and Title	Date	Address		Phone

State Medal of Valor Committee						
1. Board/Commission Name (B/C)		2. Name B/C r	2. Name B/C reported under in 2001 or Unchanged ⊠			
Governor		1998	5	2		
3. Agency to which B/C reports		B/C was blished	<ol><li>Number of members</li></ol>	<ol><li>Number of meetings last biennium</li></ol>		
7. Summary: Primary Responsibilities: Solicit, review, and nominate candidates for the SEnate to make presentation of the award. Ac the appurtenances necessary for the implement	lopt rules establishing qu	ualificatins for the State	Medal of Valor, the protoca	al governing the decoration and		
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Account, et	Sources of Fu sources, e.g., G.F. State, c. priated or "N" if non-app	State Building Code		
2001-2003 Biennium Actual		GF - State		•		
	8,000	Α				
2003-2005 Biennium Estimate		GF - State				
	8,000	Α				
9. Expected consequences if Board/Comm transferred to another agency (specify), or or	ission were abolished a c) were dropped.	and responsibilities: a	) were assigned to existing	ng/additional staff, b) were		
a) Nominatin process would lose stature of involvement of the top officials in all three branches of state government		of the committee could by one of the three bran	ches of Govern	ommittee were disbanded and the or's office selected recipients, the uences would be the same as in (a).		
10. Legal authorization: State Constitution	Article, RCW, WAC or I	EO 11.	Legal Authorization is:			
CH 1.40 RCW		$\boxtimes$ :	Specific 🗌 General			
12. Appointing Authority: Specified in Statue	es	13.	Is Senate confirmation re	equired?		
			Yes 🛛 No			
14. Does Board/Commission have subpoer	na powers?	15.	Board/Commission mem	ber compensation class		
☐ Yes ☒ No			one 🗌 two 🗌 three 🗌	] four		
16. Required Representation: Governor, President of the Senate, Speaker of	the House of Represent	atives, Chief Justice of	the Supreme Court, and Se	ecretary of State.		
17. Federal or other mandates:		18. (	Other existing organization of the could satisfy the manda	ons state, local or private, which tes listed in number 17:		
None			None			
19. Certification: <i>I hereby certify via electron</i>	nic submittal that the ab	ove information is com	nplete and correct to the b	est of my knowledge.		
Patrick J. McDonald Asst. to the Secretary of State	September 4, 2003	P.O. Box 40220, Olym	npia, WA 98504	360-902-4148		
Name and Title	Date	Address		Phone		
(This perso	n assumes responsibility	y for accurate transmitta	al of the above information.)	)		

Medical Advisory Committee							
1. Board/Commission Name (B/C)			2.	Name B/C repo	orted under in 2001 or	Uncha	nged 🛚
Washington State Department of Health		19	998		14		2
3. Agency to which B/C reports		4. Year B/C establish			5. Number of members	6	. Number of meetings last biennium
7. Summary: Primary Responsibilities: Advise on best practices for health care of the	health of wom	en enrolled in V	Nashi	ngoton Breast ar	nd Cervical Health care.		
8. Estimated Operating Costs (Boards/Commissions Only)		sts	8) 2)	Account, etc.	Sources of Fururces, e.g., G.F. State, ated or "N" if non-appropriate	State E	
2001-2003 Biennium Actual	\$4,000.00			-State			
			·				
2003-2005 Biennium Estimate	\$4,000.00		1) GF 2) A	-State			
<ul><li>9. Expected consequences if Board/Comm transferred to another agency (specify), or a</li><li>a) Not an appropriate staff function</li></ul>	c) were dropp				-		tional staff, b) were ut critical
<ol> <li>Legal authorization: State Constitution</li> <li>Required for federal funding</li> </ol>	Article, RCW,	, WAC or EO			gal Authorization is: ecific 🔀 General		
	- 141-						2
12. Appointing Authority: Department of He	aitn		<ul><li>13. Is Senate confirmation required?</li><li>☐ Yes ☑ No</li></ul>				
					, <u> </u>		
14. Does Board/Commission have subpoer	na powers?				ard/Commission mem		npensation class
☐ Yes ⊠ No				⊠ one	three _	] four	
16. Required Representation:						-	
N/A							
17. Federal or other mandates:					er existing organization		te, local or private, which
CDC program policy mandate					one	103 1131	a irriamber 17.
19. Certification:							
I hereby certify via electronic	submittal tha	nt the above inf	format	tion is complete	and correct to the best	t of my	knowledge.
Pama Joyner	9/3/03	PO	Box 4	17859 Olympia W	VA 98504-7859		(360) 236-3589
Name and Title	Date		dress				Phone

Washington State Medical Association Inter WSMA Medical Treatment Guidelines Subco		In WAC, known as Washington S Industrial Insurance Committee	State Medical Association Medical Advisory
Board/Commission Name (B/C)     Department of Labor and Industries			2001 or Unchanged  28 (going to 40 during this biennium)
3. Agency to which B/C reports	4. Year B/ establis		
7. Summary: Primary Responsibilities: As established in WAC 296-20-01001, the comguidelines and policies affecting medical care and regulations. It also advises and assists the physician, the department and the employer in unique, non-replaceable tool benefits the department and the department and the department and the Market Comparison of the department and the market Comparison of the department of the	nmittee functions as a crucia and rehabilitation of injured a e department in the educatio providing the needs and ca rtment in the legal, judicial, a Total Costs	al advisor to the department with respensand ill workers, quality control of medion of members of the medical commire of the injured worker. Because this and claims management arenas.  Source  9) Enter fund sources, e.g., G. Account, etc. 2) "A" if appropriated or "N" if	ect to developing diagnostic and treatment cal care; and the establishment of rules unity with regard to the roles of the committee is established in WAC, this eas of Funds  F. State, State Building Code
2001-2003 Biennium Actual	40,000	Medical Aid Account	
2003-2005 Biennium Estimate	\$72,000	A Medical Aid Account	
2003-2003 Diefilium Estimate	\$12,000	_	
<ol> <li>9. Expected consequences if Board/Commitransferred to another agency (specify), or call the Medical Advisory Industrial Insurance Committee (committee) cannot be abolished because: a)         <ul> <li>The Department's staff relies upon the advide of these representatiaves of the the clinician community in establishing clinical gudelines and educational programs. The committee provides an objective clinical resource to the department that is politically acceptable to the Washington State Medical and Osteopathic Medical Associations and to practicing physicians.</li> </ul> </li> <li>10. Legal authorization: State Constitution WAC 296-20-01001</li> <li>12. Appointing Authority: Washington State</li> </ol>	ssion were abolished and b) were dropped. b) This work could n different agency, unique advisory n issues related to v the provision of q workers. These t addressed by any treatment of the in medical, psychos vocational comple populations serve programs. As a n have been so imp Department of La from the committe interest in creating advisory committee Article, RCW, WAC or EO  Medical Association	A responsibilities: a) were assigned on the transferred to a since the Department's needs pertain specifically to workers' Compensation and uality care to injured oppics cannot be adequately of other state agency, since njured worker presents ocial, economic, and exities not inherent in the early other state agency matter of fact, other agencies pressed by the value the bor and Industries derives that they've expressed g in WAC similar medical exities to benefit their programs.  11. Legal Authorizat Specific Senate confirm Senate confirm Yes No	This advisory committee cannot be dropped, as their educational, policy making, quality of care input is desired by practitioners, injured workers, self insured and retrospective rating employers (and their representatives); department claim staff, and others. The advantages of accessing these advisory services far surpass the costs involved in maintaining this body for collaborative problem solving, information sharing, and conflict resolution.  tion is: eral mation required?
<ul><li>14. Does Board/Commission have subpoen</li><li>☐ Yes ☒ No</li></ul>	a powers?		ion member compensation class three
16. Required Representation:			unco rour
WAC 296-20-01001 "nine members, one of Association. The remaining members should be neurosurgery, general surgery, physical medici 17. Federal or other mandates:  NA  19. Certification: I hereby certify via electronic Joanne McDaniel	ne selected from the followin ne and rehabilitation, psych nic submittal that the above 7/17/03 De PC	g specialty groups: family or general iatry, internal medicine, and industrial 18. Other existing or could satisfy th NA	practice, orthopaedics, neurology or medicine." rganizations state, local or private, which e mandates listed in number 17:
Name and Title		ddress	Phone

Medical Quality Assurance Commis	sion			
1. Board/Commission Name (B/C)	2. Name B/C reporte	d under in 2001 or Un	changed 🖂	
Washington State Department of Health	1994	19	32	
3. Agency to which B/C reports	4. Year B		Number of members	6. Number of meetings last biennium
7. Summary: Primary Responsibilities: Examines applications for licensure of physicia orderly conduct of the administration of the reg of state law. Administers the continuing medic disciplinary act. Causes complaints to be investigationally or corrective action for unprofession compliance appearance to review the respondent.	ulatory laws. Reviews and al education requirements t stigated. Review complaint nal conduct. Conducts hea	creates policies and proced for continued licensure. Red ts and investigative informat arings to determine if charge	dures deemed necessar ceives complaints on all ion to determine probab	y to carry out the provisions eged violations of the uniform ble cause. Determines
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	10) Enter fund source Account, etc. 2) "A" if appropriated	Sources of Funds es, e.g., G.F. State, State or "N" if non-appropriate or "N" if no-appropriate or "N" if no-appropriate or "N" if no-appropriate or "N" if no-appropriate or	te Building Code
2001-2003 Biennium Actual	\$514,524	1) Health Professions A 2) A		natou
2003-2005 Biennium Estimate	\$520,000	1) Health Professions A 2) A	ccount	
9. Expected consequences if Board/Commi transferred to another agency (specify), or o		d responsibilities: a) were	assigned to existing/a	ndditional staff, b) were
a) The impact of losing commission direct technical input and cooperative working relationships with staff would be increased staff time at the expense of other priority areas, need to pay for technical expertise not available on staff, increased time to reach decisions, more time required of stakeholders for their participation, and the possibility that rural and less represented areas may lose their voice in agency decisions.		wledge and expertise would ely agency is the Departmer	nt protect the	nsibilities are necessary to public from incompetent or practitioners.
<ul><li>10. Legal authorization: State Constitution RCW 18.71.002-003, and 005</li><li>12. Appointing Authority: Governor</li></ul>	Article, RCW, WAC or EO	Specifi	Authorization is: c	ired?
14. Does Board/Commission have subpoen  ☐ Yes ☐ No	a powers?		/Commission member	compensation class our ⊠ five
<ul><li>16. Required Representation:     Four public members, thirteen physicians a</li><li>17. Federal or other mandates:     None</li></ul>	and two physician assistant	18. Other e	congressional districts	and three members are at large state, local or private, which
19. Certification: I hereby certify via electron	nic submittal that the above	e information is complete a	and correct to the best	of my knowledge.
Maryella Jansen, Deputy Executive Director  Name and Title		10 Israel Road SE, Olympia ddress	, WA 98501	360-236-4792 <b>Phon</b> e
Name and this	Date A	uui vaa		FIIUIIC

Mental Health Ethnic Minority Advi	Unchanged	Unchanged			
1. Board/Commission Name (B/C)		2. Name E	B/C reported under in 2001 or	Unchanged 🖂	
Mental Health Division, DSHS		1977	7 to 15	10	
3. Agency to which B/C reports		ear B/C was stablished	5. Number of members	6. Number of meetings last biennium	
7. Summary: Primary Responsibilities: Provides policy options and recommendation:	s on MHD and public m	ental health system o	perations from a multi-cultural p	point of view.	
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs				
2001-2003 Biennium Actual	\$15,000	Federal Bloc			
2003-2005 Biennium Estimate	\$15,000	Federal Bloc	k Grant A		
Expected consequences if Board/Comm transferred to another agency (specify), or		l d and responsibilitie	es: a) were assigned to existing	ng/additional staff, b) were	
a) Lessened input from a major constituency	Minority me	able to advise the MI- ntal health issues fror s perspective.		uld lose the voice of the olders relating to ethnic minorities.	
10. Legal authorization: State Constitution	Article, RCW, WAC o	or EO	11. Legal Authorization is:		
RCW 43.20A.360			☐ Specific ⊠ General		
12. Appointing Authority: DSHS Secretary			13. Is Senate confirmation re	equired?	
			☐ Yes ⊠ No		
14. Does Board/Commission have subpoe	na powers?		15. Board/Commission mem	ber compensation class	
☐ Yes ☒ No			☑ one ☐ two ☐ three ☐	] four	
16. Required Representation:					
Community members, including mental health	consumers.				
17. Federal or other mandates:  DSHS Diversity Initiative			18. Other existing organization could satisfy the mandate None	ons state, local or private, which tes listed in number 17:	
19. Certification: <i>I hereby certify via electro</i>	nic submittal that the	above information is	complete and correct to the b	est of my knowledge.	
Hank Balderrama, Mental Health Program Administrator	8/28/03		lympia, WA 98504-5320	360-902-0820	
Name and Title	Date	Address		Phone	

Mental Health Planning and Advisor	ry Council	Mental H	ealth Advisory Committee		
Board/Commission Name (B/C)			B/C reported under in 2001 or	Unchanged	
Mental Health Division, DSHS		1986	26	16	
3. Agency to which B/C reports	4. Year B/C was 5. Number of established 5. Number of mee last biennium				
<ol> <li>Summary: Primary Responsibilities:</li> <li>To review the Mental Health Federal Block (2). To serve as an advocate for adults with a se illnesses;</li> <li>To monitor, review, and evaluate, not less the content of the content</li></ol>	erious mental illness, chil	ldren with a seriou	is emotional disturbance, and oth	er individuals with mental	
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Accou	Sources of Fu fund sources, e.g., G.F. State, unt, etc. appropriated or "N" if non-appr	State Building Code	
2001-2003 Biennium Actual	\$36,335 (estimate du to outstanding bills)		Mental Health Services Block		
2003-2005 Biennium Estimate	\$40,000		Mental Health Services Block	Grant	
9. Expected consequences if Board/Comm transferred to another agency (specify), or or		and responsibilit	ies: a) were assigned to existir	ng/additional staff, b) were	
<ul> <li>since the council is mandated by federal law, federal block grant funds would be lost</li> </ul>	<b>b)</b> the council model Division	ust report to the M	lental Health c) same a	s a)	
10. Legal authorization: State Constitution	Article, RCW, WAC or	E0	11. Legal Authorization is:		
RCW 43.20A.360			$\square$ Specific $\boxtimes$ General		
12. Appointing Authority: DSHS Secretary			13. Is Senate confirmation re	equired?	
44 B B WO I I I			☐ Yes ⊠ No		
<ul><li>14. Does Board/Commission have subpoer</li><li>☐ Yes ☒ No</li></ul>	ia powers?		15. Board/Commission mem  ☑ one ☐ two ☐ three ☐	·	
<ol> <li>Required Representation:</li> <li>Representatives from the following state agencies: Mental Health, Education, Vocational Rehabilitation, Criminal Justice, Housing, Social Services, and the State Medicaid agencies;</li> <li>Public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;</li> <li>Adults with serious mental illness who are receiving (or have received) mental health services;</li> <li>Families of such adults and families of children with serious emotional disturbance.</li> <li>Further: The ratio of parents of children with serious emotional disturbance to other members of the council must be sufficient to provide adequate representation of such children. And most importantly, the law states that at least 51% of the members should be affiliated with constituency groups other than providers of services of state employees.</li> <li>Federal or other mandates:         <ul> <li>Other existing organizations state, local or private, which could satisfy the mandates listed in number 17: none</li> </ul> </li> </ol>					
19. Certification: <i>I hereby certify via electron</i>	nic submittal that the ab	ove information i	is complete and correct to the b	est of my knowledge.	
Karl Brimner, Director  Mental Health Division	8/27/03		Olympia, WA 98504-5320	360-902-0790	
Name and Title	Date	Address		Phone	

Midwifery Advisory Committee				
1. Board/Commission Name (B/C)  2. Name B/C reported under in 2001 or Unchanged   ☐				
Washington State Department of Health		1981	7	5
3. Agency to which B/C reports	4. Year E	B/C was lished	5. Number of members	Number of meetings last biennium
7. Summary: Primary Responsibilities: Advise and make recommendations to the Secreview.	cretary on issues including	but not limited to c	ontinuing education, mandato	y re-examination and peer
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	ts 13) Enter fund sources, e.g., G.F. State, State Building (Account, etc.		
2001-2003 Biennium Actual	\$8,300	1) Health Profe	essions Account	орнасси
2003-2005 Biennium Estimate	\$8,300	2) A 1) Health Profe 2) A	essions Account	
9. Expected consequences if Board/Commitments to another agency (specify), or of		•	s: a) were assigned to existin	g/additional staff, b) were
a) The impact of losing committee direct technical input and cooperative working relationships with staff would be increased staff time at the expense of other priority areas, need to pay for technical expertise not available on staff, increased time to reach decisions, more time required of stakeholders for their participation, and the possibility that rural and less represented areas may lose their voice in agency decisions.	b) Professional known be lost. Most like of Licensing.	owledge and exper kely agency is the [	tise would <b>c)</b> Agency Department elsewhe	would need to find technical advice ere.
10. Legal authorization: State Constitution	Article, RCW, WAC or EC	0 1	1. Legal Authorization is:	
18.50.140 RCW			Specific 🗌 General	
12. Appointing Authority: Secretary, Department	ment of Health	1 r	3. Is Senate confirmation re  ☐ Yes ☑ No	quired?
14. Does Board/Commission have subpoer	na nowers?	<u>L</u>	5. Board/Commission meml	her compensation class
☐ Yes ⊠ No	F		⊠ one ☐ two ☐ three ☐	·
16. Required Representation:				
One physician who is a practicing obstetrician,	one practicing physician,	one certified nurse	midwife, three licensed midwiv	es and one public member.
17. Federal or other mandates:		18	<ol><li>Other existing organization could satisfy the mandat</li></ol>	ons state, local or private, which tes listed in number 17:
None			None	
19. Certification: I hereby certify via electron	nic submittal that the abov	ve information is c	complete and correct to the be	est of my knowledge.
Terry J. West, Deputy Exec. Director	7/21/03 F	PO Box 47864, Oly	mpia, WA 98504-7864	360-236-4712
Name and Title	Date 1	Address		Phone

Midwives and Birthing Centers-Join	nt Underwriting Ass	ociation			
Board/Commission Name (B/C)		2. Name B/C reported under in 2001 or Unchanged ⊠			
Association members, subject to oversight by t Insurance Commissioner.	he	1993	765	8	
3. Agency to which B/C reports	4. Year estab	B/C was blished	5. Number of members	Number of meetings last biennium	
7. Summary: Primary Responsibilities: Funded by assessments on association memb midwives and birthing centers.	ers and premiums receiv	ed for coverage,	provide facility for secur	ing more affordable liability coverage for	
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Accoun	fund sources, e.g., G.F. S	tes of Funds tate, State Building Code appropriated	
2001-2003 Biennium Actual	N/A	N/A			
	N/A	N/A			
2003-2005 Biennium Estimate	N/A N/A	N/A N/A			
9. Expected consequences if Board/Commission agency (specify), or c) were dropped.	n were abolished and resp	onsibilities: a) wer	e assigned to existing/ac	Iditional staff, b) were transferred to another	
a) No existing staff available. Minimum additional staff would inslude WMS, band II, manager, one office assistant, and .25 FTE accountant. Authority would be needed to continue assessments and to contract with outside counsel.		cy currently has the to complete these		Midwives and birthing centers would be totally dependent on commercial insurers for liability coverages. The high premiums and lack of availability that created the need for the JUA are likely to return.	
10. Legal authorization: State Constitution Articl	e, RCW, WAC or EO		11. Legal Authorization	n is:	
Chapter 48.87 RCW			Specific General	al	
12. Appointing Authority: Insurance Commission	oner; RCW 48.87.040; W	AC 284-87-050	13. Is Senate confirma	tion required?	
			☐ Yes ☒ No		
14. Does Board/Commission have subpoena por	wers?		15. Board/Commission	member compensation class	
☐ Yes ☒ No			⊠ one ☐ two ☐ tl	nree  four	
16. Required Representation: RCW 48.87.040 defines membership of associ oversight by the Insurance Commissioner.	ation. WAC 284-87-050	defines compositi	ion of governing board.	Both Association and Board are subject to	
17. Federal or other mandates: NONE			18. Other existing organ satisfy the manda N/A	nizations state, local or private, which could tes listed in number 17:	
19. Certification: I hereby certify via electronic sub	bmittal that the above inform	mation is complete	and correct to the best of	my knowledge.	
Jim Odiorne, Deputy Insurance Commissioner, Company Supervision	July 14, 2003	5000 Capitol Blv M.S. 40255	d. Tumwater, WA 9850 <sup>2</sup>	360.725.7214	
Name and Title	Date	Address		Phone	

Advisory Committee on Minority and Business Enterprises	d Women's	Unchang	ged		
1. Board/Commission Name (B/C)		2. Name B/C reported under in 2001 or Unchanged 🖂			
OMWBE		1983	0		0
3. Agency to which B/C reports	4. Year E establ		<ol><li>Number o members</li></ol>	f 6.	Number of meetings last biennium
7. Summary: Primary Responsibilities: To assist the director of the Office of Minority a out RCW 39.19.	nd Women's Business En	terprises with t	ne development of policie	s to carry	
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Acco	Source r fund sources, e.g., G.F unt, etc. appropriated or "N" if n		
2001-2003 Biennium Actual	0				
2003-2005 Biennium Estimate	0				
Expected consequences if Board/Committensferred to another agency (specify), or committensferred to another agency (specify), or committensferred to another agency (specify).	ssion were abolished an	d responsibili	ties: a) were assigned to	o existing/additio	onal staff, b) were
a) There would be no formal input from the minority and women business community to the director for the formation of policies carrying out the program. A process must exist to ensure that the unique perspectives of minority and women business owners are represented in the program.	b) The responsibili and its mission. transfer the resp	It would not be	e practical to	1995, changed the system where the authorized to est committees to as	signed into law on May 9, ne advisory committee to a e director of OMWBE is ablish ad hoc advisory sist in the development of RCW 39.19.041).
10. Legal authorization: State Constitution	Article, RCW, WAC or EC	)	11. Legal Authorizati	on is:	
RCW 39.19			Specific ☐ General Ge	ral	
12. Appointing Authority: Agency Director			13. Is Senate confirm  ☐ Yes ⊠ No	nation required?	
14. Does Board/Commission have subpoen	a powers?		15. Board/Commission	on member com	pensation class
☐ Yes ☒ No			☐ one ☐ two ☐ t	hree 🗌 four	
16. Required Representation: None					
17. Federal or other mandates:  None			18. Other existing org could satisfy the N/A	janizations state mandates listed	, local or private, which lin number 17:
19. Certification: <i>I hereby certify via electron</i>	ic submittal that the abou	ve information	is complete and correct	to the best of my	knowledge.
Tammi Hazlitt, Administrative Assistant	7/8/03 N	ЛS: 41160			753-9691
Name and Title		Address			Phone

Minority and Justice Commission, V	Vash. State			
Board/Commission Name (B/C)     WA State Supreme Court		2. Name as Task Force s Commission	21	2001 or Unchanged   12, excluding sub- committee meetings
3. Agency to which B/C reports	4. Year B establi		5. Number of members	
7. Summary: Primary Responsibilities: The purpose of the Minority and Justice Commission the Commission is charged with taking creative step prevent it. The primary functions of the Minority and Justice Co Implementation, Outreach, Research, and Workforce  Education of cultural awareness and working the Empirical research studies examining working the Evaluation and implementation of research outreach to ethnic communities and leg	n is to determine whether racia s to overcome it. To the extent mmission are listed below and e Diversity. orkforce diversity hether racial and ethnic dispar rch recommendations	I and ethnic bias t that such bias do I are carried out tl	exists in the courts of the spees not exist, the Commissions	State of Washington. To the extent that it exists, sion is charged with taking creative steps to
8. Estimated Operating Costs	Total	1	Source	ces of Funds
(Boards/Commissions Only)	Costs	Accoun		State, State Building Code
2001-2003 Biennium Actual	300,000		and Education Account	
2003-2005 Biennium Estimate	314,000		and Education Account	
<ul> <li>9. Expected consequences if Board/Commitransferred to another agency (specify), or of the support and to implement the work of the Commission and its five sub-committees. Consequently, work (responsibilities) cannot be reassigned to existing or additional staff. It would result in complete elimination of the Commission, loss in ability to promote cultural competency to judges, court staff, and persons who work in the court system, loss of focus on issues related to diversity, and, most importantly, loss of opportunity to enhance the trust and confidence of the judicial system among persons of color.</li> <li>10. Legal authorization: State Constitution Articl WA State Supreme Court Order of Renewal: Number 25700 B-374</li> <li>12. Appointing Authority: Member are appointed to of the Commission assuring racial, ethnic, gender, cupopulation of the State of Washington. Members inclof the court, trial court administrators, members of the university professors, private citizens and the Admining the court of the commission have subpoer.</li> <li>14. Does Board/Commission have subpoer.</li> </ul>	b) Potentially the Adn which provides adr support to the cour assume the work of given recent budge experienced by AC to increase its work necessary focus to Commission.  e, RCW, WAC or EO  by the Supreme Court upon recultural and geographic diversity ude an appropriate mix of judge e WA State Bar Association, of istrator of the Courts (1).	ninistrative Office ministrative function a statewide of the Commission et and staff reduction, it would be dit k load and would the purpose and commendation of from the ges at all levels	for the Courts, c) ons and level, may  1. However, tions fficult for AOC not give the work of the  11. Legal Authorization Specific Genera  13. Is Senate confirma	If the Commission was eliminated the public trust and confidence of the judicial system would further deteriorate among immigrants and people of color because the following would be eliminated: empirical research studies examining whether racial and ethnic disparities exist in the criminal justice system; implementation of Commission sponsored research recommendations; education to enhance judges' knowledge of racial and ethnic cultures as they exercise judicial discretion and to promote cultural awareness among judges, court personnel, lawyers, and persons who work in the Washington Court system.
☐ Yes ☒ No	ia powers?			three four
<ul> <li>16. Required Representation:</li> <li>racial, ethnic, gender, cultural and geographic divers</li> <li>State Bar Association, college or university professor</li> <li>17. Federal or other mandates:</li> <li>none</li> </ul>			Courts (1); and trial court : 18. Other existing or	
19. Certification: I hereby certify via electronic	submittal that the above info	ormation is comp	lete and correct to the be	st of my knowledge.
Erica Chung, Executive Director		emple of Justice, Dlympia, Washing	Post Office Box 41174 ton 98504-1174	(360) 705-5327
Name and Title		ddress		Phone

Minority Initiative Advisory Commit	tee				
1. Board/Commission Name (B/C)		2. Name B/C reported under in 2001 or Unchanged 🖂			
DSHS		1989	15	4	
3. Agency to which B/C reports	4. Year B establi		<ol><li>Number of members</li></ol>	<ol><li>Number of meetings last biennium</li></ol>	
7. Summary: Primary Responsibilities: Review DSHS policies that impact ethnic/racia	I minorities				
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Accou	Sources of Fulfund sources, e.g., G.F. State, unt, etc. appropriated or "N" if non-appr	State Building Code	
2001-2003 Biennium Actual	\$5,000.	G.F. State			
		A			
2003-2005 Biennium Estimate	\$5,000.	G.F. State			
Expected consequences if Board/Committransferred to another agency (specify), or or or other agency (specify).		A d responsibilit	ies: a) were assigned to existin	ng/additional staff, b) were	
a) Elimination would curtail the input/insight of racial advisors	b) inappropriate to b DSHS policies	nave another a	gency review <b>c)</b> Stakeho	olders likely to disapprove.	
10. Legal authorization: State Constitution	Article, RCW, WAC or EO	ı	11. Legal Authorization is:		
RCW 70.96A.070			☐ Specific  ☐ General		
12. Appointing Authority: Eddie Rodriguez/H	Human Resource Divison E	qual	13. Is Senate confirmation re	quired?	
Opportunity Compliance Officer			☐ Yes ⊠ No		
14. Does Board/Commission have subpoer	na powers?		15. Board/Commission mem	ber compensation class	
☐ Yes ☒ No			⊠ one □ two □ three □	] four	
16. Required Representation:					
No					
17. Federal or other mandates: No			18. Other existing organization could satisfy the mandal N/A	ons state, local or private, which tes listed in number 17:	
19. Certification:	out mittal that the above i	information i-	complete and correct to the best	t of my knowledge	
,			complete and correct to the best	, ,	
Eddie Rodriguez, DAEO  Name and Title		O Box 45830 ( .ddress	Olympia, WA 98504-5830	360-664-5949 <b>Phon</b> e	

Washington Mint Commission						
1. Board/Commission Name (B/C)		2. Name B/C reported under in 2001 or Unchanged ⊠				
Department of Agriculture		1966	8	12		
3. Agency to which B/C reports	4. Year B establi		5. Number of members			
7. Summary: Primary Responsibilities: Collects assessments, conducts research project purposes.	ects, disseminates informa	tion to producers,	disburses funds for th	nese		
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Sources of Funds  18) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.  2) "A" if appropriated or "N" if non-appropriated				
2001-2003 Biennium Actual	\$59,502	Producer asse				
2003-2005 Biennium Estimate	\$71,116	Producer asse	essments/N			
9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.  a) Producer support and involvement would decline.  b) This is an agricultural program and should not be transferred.  c) Funding of research activities would decline affecting research efforts and the economic viability of the industry in						
<ul><li>10. Legal authorization: State Constitution. RCW 15.65 and WAC 16-540</li><li>12. Appointing Authority: 7 elected by affect Director of Agriculture</li></ul>			Legal Authorizat     Specific    Gene     Genate confirm     Yes    No	eral		
14. Does Board/Commission have subpoen	a powers?	<u>_</u> 1		ion member compensation class		
⊠ Yes □ No		Γ	☐ one ⊠ two ☐	three four		
16. Required Representation:  District I - four producer members, being positions 1, 2, 3 and 4 and shall include the counties of Kittitas, Yakima and Benton.  District II - three producer members, being positions 5, 6 and 7 and shall include all other counties east of the Cascade Mountains.  1 member appointed by the Director of Agriculture representing the Department and the public						
17. Federal or other mandates:  None		18	3. Other existing or could satisfy the None	ganizations state, local or private, which e mandates listed in number 17:		
19. Certification: I hereby certify via electron	ic submittal that the abov	ve information is c	complete and correct	t to the best of my knowledge.		
Rod Christensen, Executive Director		00 N. Fruitland, St Cennewick, WA 9		(509) 585-5460		
Name and Title (This perso		Address		Phone ormation.)		

Model Toxics Control Act Science A	dvisory Board			
1. Board/Commission Name (B/C)  2. Name B/C reported under in 2001 or Unchanged   ☐				Unchanged 🖂
Department of Ecology		1988	5	3 plus written or phone consultations
3. Agency to which B/C reports	4. Year estab	B/C was lished	5. Number of members	Number of meetings last biennium
7. Summary: Primary Responsibilities: The Department shall establish a scientific adv standards, remedial actions, deadlines for remo				
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	Account, etc	Sources of Fur sources, e.g., G.F. State, c. priated or "N" if non-appr	State Building Code
2001-2003 Biennium Actual	Travel Costs Only	Toxics Account	priated of 14 if flori-appi	opriateu
	\$2000.00	A		
2003-2005 Biennium Estimate	Travel Costs Only	Toxics Account		
	\$2000.00	A		
9. Expected consequences if Board/Committransferred to another agency (specify), or of		nd responsibilities: a)	were assigned to existin	ng/additional staff, b) were
a) We don't have the expertise	b) We would lose	access to technical adv	•	ald lose access to valuable se/advice
10. Legal authorization: State Constitution	Article, RCW, WAC or E	0 11.	Legal Authorization is:	
RCW 70.105D.030(4)			Specific  General	
12. Appointing Authority: RCW 70.105D		13.	Is Senate confirmation re	quired?
			∕es ⊠ No	
14. Does Board/Commission have subpoen	a powers?	15.	Board/Commission mem	ber compensation class
☐ Yes ☒ No		⊠ c	one 🗌 two 🔲 three 🗀	] four
16. Required Representation:				
5 Board Members				
17. Federal or other mandates:		18. (	Other existing organization could satisfy the mandal	ons state, local or private, which tes listed in number 17:
NO			NO	
19. Certification: <i>I hereby certify via electron</i>	nic submittal that the abo	ve information is com	plete and correct to the be	est of my knowledge.
Dawn Hooper, Dept. of Ecology	9-4-03	PO Box 47600, Olympi	ia WA 98504-7600	(360)407-7182
Name and Title		Address	ia, 1111 70001 7000	Phone

1. Board/Commission Name (B/C)  2. Name B/C reported under in 2001 or Unchanged   Department of Corrections  1983  3. Agency to which B/C reports  4. Year B/C was established  5. Number of meetin last biennium  7. Summary: Primary Responsibilities: To ensure the means for communicating information between the community of Monroe and the Monroe Correctional Complex regarding the development, implementation and modification of programs and politicies at the Monroe-based institutions and in the community.  8. Estimated Operating Costs (Boards/Commissions Only)  Costs  20) Enter fund sources, e.g., G.F. State, State Building Code Account, etc. 21. **A" if appropriated or "N" if non-appropriated  2001-2003 Biennium Actual  2003-2005 Biennium Estimate  200.00  General Fund − State − A  9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.  a) There is no similar resources available. b) There is no similar resources available. c) Loss of vital communication link between the community leaders and Monroe Community leaders and Monroe Community Reduces and Reduces Reduces Reduces Reduces Reduces Reduces Reduces Reduces Reduces	Monroe Community Corrections Ne	twork Board				
3. Agency to which B/C reports  4. Year B/C was established  5. Number of members  6. Number of meetin last blennium  7. Summary: Primary Responsibilities: To ensure the means for communicating information between the community of Monroe and the Monroe-Correctional Complex regarding the development, implementation and modification of programs and policies at the Monroe-based institutions and in the community.  8. Estimated Operating Costs  (Boards/Commissions Only)  8. Estimated Operating Costs  (Roards/Commissions Only)  8. Estimated Operating Costs  Costs  20) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.  201-2003 Biennium Actual  200.00  Ceneral Fund - State - A  9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.  a) There is no similar resources available.  b) There is no similar resources available.  c) Loss of vital communication link betwoemnumity leaders and Monroe Community leaders and Monroe School District 2 - principals of a business; the fire chief; the police chief; the mayor of Monroe; 1- religious community leader (Monroe Minister position).	1. Board/Commission Name (B/C)		2. Name B/0	C reported under in 2001 or	r Unchanged 🗵	
established members last blennlum  7. Summary: Primary Responsibilities: To ensure the means for communicating information between the community of Monroe and the Monroe-Correctional Complex regarding the development, implementation and modification of programs and policies at the Monroe-based institutions and in the community.  8. Estimated Operating Costs (Boards/Commissions Only)  9. Enter fund sources, e.g., G.F. State, State Building Code Account, etc. 2) "A" if appropriated or "N" if non-appropriated Code Account, etc. 2) "A" if appropriated or "N" if non-appropriated Operating Code Account, etc. 2) "A" if appropriated or "N" if non-appropriated Operation of the Monroe State - A  9. Expected consequences if Boards/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.  a) There is no similar resources available. b) There is no similar resources available. c) Loss of vital communication link between transferred to another agency (specify), or c) were dropped.  10. Legal authorization: State Constitution Article, RCW, WAC or EO 11. Legal Authorization is: Specific Seneral  12. Appointing Authority: Secretary, The Department of Corrections 13. Is Senate confirmation required?  14. Does Boards/Commission have subpoena powers? 15. Boards/Commission member compensation class  16. Required Representation: Superintendent-MCC; Citizens at large: Superintendent of the Monroe School District: 2 - principals of a business: the fire chief; the police chief: the manyor of Monroe: 1- religious community leader (Monroe Minister p	Department of Corrections			15	8	
To ensure the mean's for communicating information between the community of Monroe and the Monroe-Correctional Complex regarding the development, implementation and modification of programs and policies at the Monroe-based institutions and in the community.  8. Estimated Operating Costs (Boards/Commissions Only)  7. Expected Consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.  7. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.  7. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.  8. Estimated Operating Costs  9. Expected consequences if Board/Commission on were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.  9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.  10. Legal authorization: State Constitution Article, RCW, WAC or EO  11. Legal Authorization is:  12. Specific Seneral  13. Is Senate confirmation required?  14. Does Board/Commission have subpoena powers?  15. Board/Commission member compensation class  16. Required Representation:  17. Superintendent-MCC; Citizens at large: Superintendent of the Monroe School District; 2 - principals of a business; the fire chief; the police chief; the mayor of Monroe; 1- religious community leader (Monroe Minister position).  18. Other existing organizations state, local or private, we could satisfy the mandates listed in number 17: None	3. Agency to which B/C reports	4. Year estat	B/C was olished		6. Number of meetings last biennium	
Costs   20  Enter fund sources, e.g., G.F. State, State Building Code Account, etc.   2) "A" if appropriated or "N" if non-appropriated   200.00   General Fund – State A	To ensure the means for communicating info					
2003-2005 Blennium Estimate  200.00  General Fund – State A  9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.  a) There is no similar resources available. b) There is no similar resources available. c) Loss of vital communication link between community leaders and Monroe Community leader community. Specific Seneral  12. Appointing Authority: Secretary, The Department of Corrections  13. Is Senate confirmation required?  Yes No  14. Does Board/Commission have subpoena powers?  15. Board/Commission member compensation class on three four  16. Required Representation:  Superintendent-MCC: Citizens at large; Superintendent of the Monroe School District; 2 - principals of a business; the fire chief; the police chief; the mayor of Monroe; 1 - religious community leader (Monroe Minister position).  17. Federal or other mandates:  None  None			20) Enter fund sources, e.g., G.F. State, State Building Code Account, etc.			
9. Expected consequences if Board/Commission were abolished and responsibilities: a) were assigned to existing/additional staff, b) were transferred to another agency (specify), or c) were dropped.  a) There is no similar resources available. b) There is no similar resources available. c) Loss of vital communication link between community leaders and Monroe Comm	2001-2003 Biennium Actual	200.00	General Fund -	- State A		
transferred to another agency (specify), or c) were dropped.  a) There is no similar resources available. b) There is no similar resources available. c) Loss of vital communication link between community leaders and Monroe Community leader in Legal Authorization is:    Specific   General	2003-2005 Biennium Estimate	200.00	General Fund -	- State A		
10. Legal authorization: State Constitution Article, RCW, WAC or EO RCW 72.09.050 (Secretary's Authority)  12. Appointing Authority: Secretary, The Department of Corrections  13. Is Senate confirmation required?  □ Yes ☑ No  14. Does Board/Commission have subpoena powers?  15. Board/Commission member compensation class □ Yes ☑ No  16. Required Representation:  Superintendent-MCC; Citizens at large: Superintendent of the Monroe School District:  2 - principals of a business; the fire chief; the police chief; the mayor of Monroe; 1 - religious community leader (Monroe Minister position).  17. Federal or other mandates: None			nd responsibilities:	: a) were assigned to existi	ing/additional staff, b) were	
RCW 72.09.050 (Secretary's Authority)    Specific   General	a) There is no similar resources available.	b) There is no sin	nilar resources availa			
12. Appointing Authority: Secretary, The Department of Corrections  □ Yes □ No  14. Does Board/Commission have subpoena powers? □ Yes □ No  □ Three □ four  15. Board/Commission member compensation class □ one □ two □ three □ four  16. Required Representation: Superintendent-MCC; Citizens at large; Superintendent of the Monroe School District; 2 - principals of a business; the fire chief; the police chief; the mayor of Monroe; 1 - religious community leader (Monroe Minister position).  17. Federal or other mandates: None  18. Other existing organizations state, local or private, we could satisfy the mandates listed in number 17: None	10. Legal authorization: State Constitution	Article, RCW, WAC or E	EO 11	1. Legal Authorization is:		
Yes   No	RCW 72.09.050 (Secretary's Authority)			☐ Specific ⊠ General		
14. Does Board/Commission have subpoena powers?  ☐ Yes ☑ No ☐ two ☐ three ☐ four  16. Required Representation:  Superintendent-MCC; Citizens at large; Superintendent of the Monroe School District; 2 - principals of a business; the fire chief; the police chief; the mayor of Monroe; 1- religious community leader (Monroe Minister position).  17. Federal or other mandates:  None  None  18. Other existing organizations state, local or private, we could satisfy the mandates listed in number 17:  None	12. Appointing Authority: Secretary, The De	epartment of Corrections	13	3. Is Senate confirmation r	equired?	
<ul> <li>Yes ⋈ No</li> <li>It wo three four</li> <li>16. Required Representation:         <ul> <li>Superintendent-MCC; Citizens at large; Superintendent of the Monroe School District; 2 - principals of a business; the fire chief; the police chief; the mayor of Monroe; 1- religious community leader (Monroe Minister position).</li> </ul> </li> <li>17. Federal or other mandates:         <ul> <li>None</li> <li>None</li> </ul> </li> </ul>				]Yes ⊠ No		
<ul> <li>16. Required Representation:         <ul> <li>Superintendent-MCC; Citizens at large; Superintendent of the Monroe School District; 2 - principals of a business; the fire chief; the police chief; the mayor of Monroe; 1- religious community leader (Monroe Minister position).</li> </ul> </li> <li>17. Federal or other mandates:         <ul> <li>None</li> </ul> </li> <li>18. Other existing organizations state, local or private, we could satisfy the mandates listed in number 17:         <ul> <li>None</li> </ul> </li> </ul>	14. Does Board/Commission have subpoer	na powers?	15	5. Board/Commission men	nber compensation class	
Superintendent-MCC; Citizens at large; Superintendent of the Monroe School District; 2 - principals of a business; the fire chief; the police chief; the mayor of Monroe; 1- religious community leader (Monroe Minister position).  17. Federal or other mandates:  None  18. Other existing organizations state, local or private, we could satisfy the mandates listed in number 17:  None	☐ Yes ☒ No			one two three	_ four	
mayor of Monroe; 1- religious community leader (Monroe Minister position).  17. Federal or other mandates:  None  18. Other existing organizations state, local or private, we could satisfy the mandates listed in number 17:  None	16. Required Representation:					
None Could satisfy the mandates listed in number 17:  None None				- principals of a business; th	e fire chief; the police chief; the	
19. Certification: I hereby certify via electronic submittal that the above information is complete and correct to the best of my knowledge.			18	could satisfy the manda	ions state, local or private, which ates listed in number 17:	
	19. Certification: I hereby certify via electron	nic submittal that the abo	ove information is co	omplete and correct to the L	best of my knowledge.	
Patria N. Robinson-Martin Post Office Box 41101			Post Office Box 411	01		
				on 98504-1101	360-753-0896 <b>Phon</b> e	

Mortgage Broker Commission					
1. Board/Commission Name (B/C)		2. Name B/	C reported under in	2001 or Uncha	inged 🛚
Department of Financial Institutions		1993	5		8
3. Agency to which B/C reports	4. Year B establi		<ol><li>Number of members</li></ol>	of (	6. Number of meetings last biennium
<ol> <li>Summary: Primary Responsibilities:</li> <li>Advises the director on the characteristics at</li> <li>Adopt and meet according to a regular schelact.</li> <li>Advise the director on approval or proposed</li> <li>Advise the director on preparation of the deresidential mortgage lending in the state, and Practices Act.</li> </ol>	edule; meet, hear testimony d courses of study and exampartment's legislatively man	y, and advise the omination to be adring additional to be adring and the control of the control	director on proposed of ministered in the cours he number and type of	se of licensing n of consumer cor	nortgage brokers. nplaints arising from
8. Estimated Operating Costs (Boards/Commissions Only)	Total Costs	21) Enter fu Account	nd sources, e.g., G.I	es of Funds F. State, State	Building Code
			propriated or "N" if i	non-appropriat	ed
2001-2003 Biennium Actual	\$9,500		Services Regulation		
2003-2005 Biennium Estimate	\$9,500	300 Financial	Services Regulation	Account - N	
9. Expected consequences if Board/Commitransferred to another agency (specify), or of		d responsibilities	s: a) were assigned t	o existing/add	itional staff, b) were
<ul> <li>Department would continue to meet with industry representatives on an informal basis.</li> </ul>	b) Department of Li	icensing: no chan	ge. c)		ould continue to meet with sentatives on an informal
10. Legal authorization: State Constitution	Article. RCW. WAC or FC	) 1	1. Legal Authorizat	ion is:	
RCW 19.146.280			Specific  Gene		
12. Appointing Authority: Director		1	3. Is Senate confirm	nation required	1?
			☐ Yes ⊠ No		
14. Does Board/Commission have subpoen	a powers?	1	5. Board/Commissi	on member co	mpensation class
☐ Yes ⊠ No			⊠ one ☐ two ☐	three  four	
16. Required Representation:					
Three mortgage brokers subject to licensing an	d one exempt from licensing	•			
17. Federal or other mandates:		1:	<ol><li>Other existing orgoid could satisfy the</li></ol>	ganizations sta e mandates list	ate, local or private, which ed in number 17:
none			N/A		
19. Certification: I hereby certify via electron	nic submittal that the abov	re information is o	complete and correct	to the best of I	ny knowledge.
Chuck Cross, Acting Director of Consumer Services	7-14-03 P	P.O. Box 41200, O	lympia, WA 98504-12	200	(360) 902-8733
Name and Title (This perso	Date A n assumes responsibility for	Address or accurate transm	nittal of the above info	rmation.)	Phone

Municipal Research Council					
1. Board/Commission Name (B/C)		2. Name B/C reporte	ed under in 2001 or Un	changed 🛛	
Same		1969	14	4	
3. Agency to which B/C reports	4. Year B/e establis		Number of members	6. Number of meetings last biennium	
7. Summary: Primary Responsibilities: The Council's primary responsibility is to provice are contracted for a biennial period to a state a carry on such a program. The Council requires services, workshops and conferences for group government. Council meetings are held for the 8. Estimated Operating Costs (Boards/Commissions Only)	gnecy, educational institutions that the contractual progracts of local government offici	on, or a private consulting firm incorporates an inquiry sals, library services, and veering and reviewing the bu	irm which in the Council service, issuance of reso arious types of profession dget and contractual pro Sources of Funds	's judgement is qualified to earch publications, field onal expertise in local ogram.  Step Building Code	
2001-2003 Biennium Actual	\$4,530,000			ties share of Liquor Excise	
2003-2005 Biennium Estimate	\$4,600,460	Cities share of L	iquor Profits and coun	ties share of Liquor Excise	
9. Expected consequences if Board/Commit transferred to another agency (specify), or can be a support of the Municipal Research Council has no fulltime staff. Staffing is provided by the Department of Community, Trade	e) were dropped.  b) There is not anoth take on these resitransferring service	ner agency in a position to ponsibilities. Additionally, tes to another agency wou	c) All 279 citie Council to Id research a	es and 39 counties rely on the provide legal and technical nd consultation, writing, field	
and Economic Development through an interagency agreement.	and experience in	require transferring over 30 years of materials and experience in terms of knowledge and contacts with cities and counties.  work and on-site consultation, policy making assistance, educational sem and conferences, and general local government assistance. These serv are irreplaceable for the local govern			
10. Legal authorization: State Constit	tution Article, RCW, WAC	or EO 11. Legal	Authorization is:	Specific General	
RCW 43.110.010					
12. Appointing Authority: Speaker of the Ho			Is Senate confirmation	n required?	
Governor (9) - Six from Association of Washing Associations; and the Director of the Dept. of C Development.			☐ Yes ⊠ No		
14. Does Board/Commission have subpoen	a powers?	15. Board	I/Commission member	compensation class	
☐ Yes ⊠ No	⊠ one ☐ two ☐ three ☐ four			our	
16. Required Representation: Two members of th representation from each of the two major political parallel of the Association of Washington Cities, with at least of a town of less than 1,500; three county officials, or two of whom shall be from a list of two nominees sub and Economic Development.	arties; nine Governor's appointn one being an official of a city of ne of whom shall be a nominee	nents: six city or town officials f 20,000 or more, at least one submitted by the Board of Dir s of the Washington State Ass	from a list of six nominees being an official from a city ectors of the Washington A sociation of Counties; and the	s submitted by the Board of Directors y of 1,500 to 20,000, and one official Association of County Officials, and the Director of Community, Trade	
17. Federal or other mandates: None			existing organizations st mandates listed in numb	ate, local or private, which could er 17: N/A	
19. Certification: I hereby certify via electronic sub			to the best of my knowledg	ge.	
Stephen H. Buxbaum, MRC Staff	7/22/03 Oly	D Box 48350 ympia, WA 98504-8350		360.725.3005	
Name and Title	Date Ac	ldress		Phone	